

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000001440

Entity Name: RIST NEUROVASCULAR, INC.**Current Principal Place of Business:**1350 STILLWATER DR
MIAMI BEACH F, FL 33141**Current Mailing Address:**1350 STILLWATER DR
MIAMI BEACH F, FL 33141 US**FEI Number:** 82-4924660**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	PETERSON, ERIC
Address	1350 STILLWATER DR
City-State-Zip:	MIAMI BEACH FL 33141

Title	D
Name	SNELLING, BRIAN
Address	1350 STILLWATER DR
City-State-Zip:	MIAMI BEACH FL 33141

Title	D
Name	LITZENBERG, MARC
Address	1350 STILLWATER DR
City-State-Zip:	MIAMI BEACH FL 33141

Title	CEOP
Name	PETERSON, ERIC
Address	1350 STILLWATER DR
City-State-Zip:	MIAMI BEACH FL 33141

Title	CFOCOOTS
Name	SNELLING, BRIAN
Address	1350 STILLWATER DR
City-State-Zip:	MIAMI BEACH F FL 33141

Title	DIRECTOR
Name	DIECK, MARTIN
Address	1350 STILLWATER DR
City-State-Zip:	MIAMI BEACH F FL 33141

Title	OTHER, CONSULTING VP FINANCE
Name	PAPP, JILL D
Address	1350 STILLWATER DR
City-State-Zip:	MIAMI BEACH F FL 33141

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JILL D. PAPPCONSULTING VP
FINANCE

04/29/2019

Electronic Signature of Signing Officer/Director Detail_____
Date